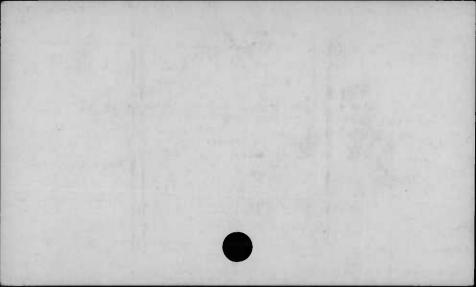
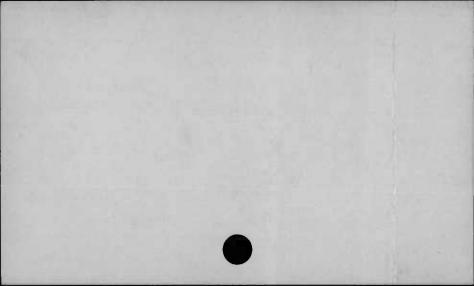
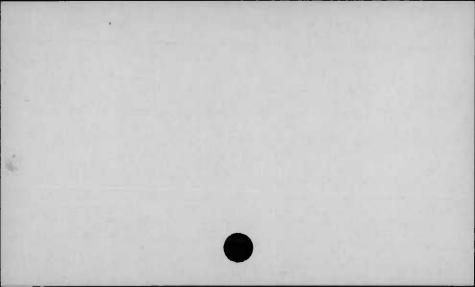
Name in Full Certificate of Death County MARYLAND Day Native of Occupation Date 19 0 0 White Married Widow Divorced Widower Number of children living Female Siggle Husband Wife Father's Mother's Name 12 mes Cause of Death **Immediate** Accident, Suicide, Homicide Reported by be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 7900

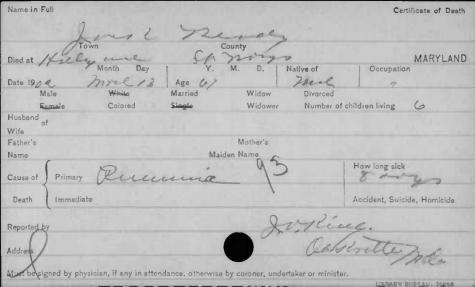


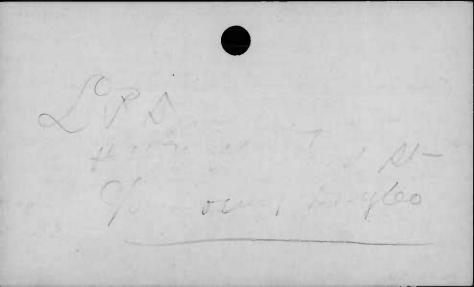
Name In Full	19.		^		Certificate of Death
7	Trar	·les	John	son	
Died at Pire	Month Day	T (St. Ma	racis latinof	MARYLAND J Occupation
Date 19 0 2.	March 2	4 Age //	Widow	Mcl.	
Female	Colored	Single	Widower	Number of c	hildren living
Husband					
Wife					
Father's		/	Mother's	2	61.
Name 97-71	7 407	77750)) M	aiden Name	177716	Solmson
Cause of Primary	Par	alelie	: Rits	a	How long sick 5 1578.
Death Immediat	0	eccel	ent	0	Accident, Suicide, Homicide
Reported by Leuis & Clarke Bro.					
Address Sr	eat M	bills	Sh	Mary	& So. Offert.
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.					
3 - 7 7			,		LIBRARY BUREAU, 79898



Name in Full Certificate of Death Diversed Colored Single Number of children living Vaniel Mother's Maiden Name ratey Seldan Wishtheritie come throat Cause of Death To Horfen Juck, These Tally Lee, Lt. Marie Comed. Must be signed by physicien, if any in ettendance, otherwise by coroner, undertaker or minister.







Name in Full Certificate of Death County Native of mar. 22 Date 19 / 1-Male Divaracd Number of salden living Colored Husband of Wife Father's Primary Cause of Immediate Death Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79008

